

REV. 09/01
For Other Than A Small Entity

Docket No. 293/057

22858 U.S. PTO
10/803287

Applicants : Paul J. Hindrichs et al.
For : BODY TISSUE REMODELING METHODS AND
APPARATUS

EXPRESS MAIL CERTIFICATION

"Express Mail" mailing label number EV132192888US

Date of Deposit March 18, 2004

I hereby certify that this transmittal letter and the other papers and fees identified in this transmittal letter as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Mail Stop Patent Application to the Hon. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Claire J. Saintil-van Goodman

Mail Stop Patent Application
Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR
ORIGINAL PATENT APPLICATION

Sir:

Transmitted herewith for filing are the [X] specification; [X] claims; [X] abstract; [X] declaration and power of attorney, for the above-identified patent application; and [] nonpublication request under 37 C.F.R. § 1.213(a) for the above-identified patent application.

Also transmitted herewith are:

[X] 41 sheets of:

[] Formal drawings.

☒ Informal drawings. Formal drawings will be filed during the pendency of this application.

☐ Certified copy(ies) of application(s)

(country)	(appln. no.)	(filed)
(country)	(appln. no.)	(filed)
(country)	(appln. no.)	(filed)

from which priority is claimed.

☒ An assignment of the invention to St. Jude Medical, Inc.

☒ A check in the amount of \$40.00 to cover the recording fee.

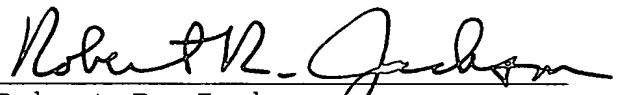
☐ Please charge \$40.00 to Deposit Account No. 06-1075 in payment of the recording fee. A duplicate copy of this transmittal letter is transmitted herewith.

☐ Power of Attorney By Assignee.

The filing fee has been calculated as shown below:

FOR	NUMBER FILED		NUMBER EXTRA	Rate	FEE
BASIC FEE					770.00
TOTAL CLAIMS	95	- 20 =	75	x\$18=	1350.00
INDEPENDENT CLAIMS	9	- 3 =	6	X\$86=	516.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS				+\$290	
				TOTAL	<u>\$2,636.00</u>

- [X] A check in the amount of \$2,636.00 in payment of the filing fee is transmitted herewith.
- [] This application is being filed unaccompanied by a filing fee. The appropriate filing fee will be paid in response to a Notice to File Missing Parts, pursuant to 37 C.F.R. § 1.53(f).
- [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- [] Amend the specification by inserting before the first line the sentence: -- This is a [] continuation-in-part, of Application No.: _____, filed _____ entitled _____.
- [] Please charge \$_____ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.


Robert R. Jackson
Registration No. 26,183
Attorney for Applicants

FISH & NEAVE
Customer No. 1473
1251 Avenue of the Americas
New York, New York 10020-1105
Tel.: (212) 596-9000